

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034298

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 200

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10365

20360

3

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9/62.1

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12 2-0

13 5-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH
a. COUNTY Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Washington

Length of stay in 1b
17 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin

c. CITY OR TOWN Washington, Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) R # 2 Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last
Edward August Party

4. DATE OF DEATH Month Day Year
September 25, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Sept 22 1891

9. AGE (last birthday) 71

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salvage dealer & Farming

10b. KIND OF BUSINESS OR INDUSTRY
Self employed

11. BIRTHPLACE (City and state or country)
Osage County, Mo.

12. CITIZEN OF WHAT COUNTRY
U S S

13a. FATHER'S NAME
Chesley Vaughan

13b. MOTHER'S MAIDEN NAME
Camile Party

14. NAME OF HUSBAND OR WIFE
Rachael Kemple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT Address
Mrs. Edward A. Party, Washington, Mo. RFD

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic Carcinoma of lung.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. with Generalized Metastasis
DUE TO (b) with Generalized
DUE TO (c) Metastasis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/19/61 to 9/25/62 and last saw him live on 9/24/62.
Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
James L. Shea

22b. ADDRESS Osage County, Mo. 22c. DATE SIGNED 9/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
9/28/1962

23c. NAME OF CEMETERY OR CREMATORY
R. L. D. S Cemetery

23d. LOCATION (City, town, or county)
Osage County, Mo.

24. FUNERAL DIRECTOR ADDRESS
Morton Funeral Service, Inc. Linn, Mo.

25. DATE RECD. BY LOCAL REG.
9/25/62

26. REGISTRAR'S SIGNATURE
Lewla C. Hudman

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Loring Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.